

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the \_\_\_\_\_  
a corporation organized and existing under the laws of the State of \_\_\_\_\_, and pursuant to a resolution passed by  
the Board of Directors of said corporation, on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_,  
does hereby constitute and appoint the Commissioner of Insurance of the State of Iowa as its true and lawful attorney for it and in its  
name and stead, and does hereby authorize the said Commissioner of Insurance or his deputy for and on behalf of said corporation to  
accept and acknowledge service of notice or process of any kind, whether mesne or final, in any action or proceeding against said  
corporation, in any of the courts, State and Federal, in the said State of Iowa, and it is hereby admitted and agreed that such service  
made upon the Commissioner of Insurance of the State of Iowa or his deputy shall be taken and held to be as valid, binding and  
effective for all purposes as if served upon said corporation according to the laws and practice of said state or any other state, and  
every claim or right of error by reason of such acknowledgement or service is hereby expressly waived and relinquished, granting  
unto its said attorney full power and authority to do and perform every act and thing requisite and necessary or proper to be done in  
the premises, the said corporation hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by  
virtue hereof.

It is further resolved by said corporation that the Commissioner of Insurance of the State of Iowa or his deputy, shall forward  
such acknowledged copy of notice or process to the following designated person or corporation: \_\_\_\_\_  
\_\_\_\_\_ at the address of \_\_\_\_\_ in the city  
of \_\_\_\_\_ state of \_\_\_\_\_ zip code of \_\_\_\_\_, and it is hereby admitted and agreed that the  
forwarding to said designee shall be taken and held to be as valid, binding and effective for all purposes as if forwarded to said  
corporation.

IN WITNESS WHEREOF, the said \_\_\_\_\_  
has hereunto caused its corporate name to be signed by its president and its corporate seal to be affixed and attested by its secretary,  
all being done in the city of \_\_\_\_\_ state of \_\_\_\_\_ this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_.

(SEAL)

By \_\_\_\_\_  
PRESIDENT

ATTEST:

\_\_\_\_\_  
SECRETARY

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ } ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 19\_\_\_\_\_, before me, a notary public in and for said  
county, personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me personally known, who  
being by me duly sworn did say that they are \_\_\_\_\_ and \_\_\_\_\_  
respectively of said corporation, that the seal affixed to said instrument is the seal of said corporation and that said instrument was  
signed and sealed on behalf of the said corporation by authority of its Board of Directors, and the said \_\_\_\_\_  
and \_\_\_\_\_ acknowledged the execution of said instrument to be the voluntary act and deed of  
said corporation by it voluntarily executed.

My commission expires:

\_\_\_\_\_  
NOTARY PUBLIC

## COPY OF RESOLUTION

I, \_\_\_\_\_  
 Secretary of the \_\_\_\_\_  
 a corporation existing under the laws of the State of \_\_\_\_\_, do hereby certify that the following is a true and correct copy, from the corporate records of said corporation, of a resolution duly adopted by the governing body thereof, at an annual or special meeting of said body, a quorum thereof present and acting, on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, to wit:

"Resolved that the President or Vice President, and Secretary or Assistant Secretary of this corporation be and they are hereby authorized and directed to execute to the Commissioner of Insurance of the State of Iowa, a Power of Attorney, substantially as follows:

KNOW ALL MEN BY THESE PRESENTS:

That the \_\_\_\_\_  
 a corporation organized and existing under the laws of the State of \_\_\_\_\_, and pursuant to a resolution passed by the Board of Directors of said corporation, on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, does hereby constitute and appoint the Commissioner of Insurance of the State of Iowa as its true and lawful attorney for it and in its name and stead, and does hereby authorize the said Commissioner of Insurance or his deputy for and on behalf of said corporation to accept and acknowledge service of notice or process of any kind, whether mesne or final, in any action or proceeding against said corporation, in any of the courts, State and Federal, in the said State of Iowa, and it is hereby admitted and agreed that such service made upon the Commissioner of Insurance of the State of Iowa or his deputy shall be taken and held to be as valid, binding and effective for all purposes as if served upon said corporation according to the laws and practice of said state or any other state, and every claim or right of error by reason of such acknowledgement or service is hereby expressly waived and relinquished, granting unto its said attorney full power and authority to do and perform every act and thing requisite and necessary or proper to be done in the premises, the said corporation hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

It is further resolved by said corporation that the Commissioner of Insurance of the State of Iowa or his deputy, shall forward such acknowledged copy of notice or process to the following designated person or corporation: \_\_\_\_\_ at the address of \_\_\_\_\_ in the city of \_\_\_\_\_ state of \_\_\_\_\_, and it is hereby admitted and agreed that the forwarding to said designee shall be taken and held to be as valid, binding and effective for all purposes as if forwarding to said corporation."

And I do further certify that the said resolution has never been rescinded or reconsidered and still remains in force.

**GIVEN AND CERTIFIED**, at the principal office of said corporation, city of \_\_\_\_\_ State of \_\_\_\_\_, with the corporate seal thereof hereto affixed by the undersigned, having custody of the same as Secretary of said corporation, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
 SECRETARY

BIOGRAPHICAL AFFIDAVIT  
(Print or Type)

Full Name and Address of Company (Do Not Use Group Names). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS “NO” OR “NONE”, SO STATE.

1. Affiant’s Full Name (Initials Not Acceptable). \_\_\_\_\_  
\_\_\_\_\_
2. a. Have you ever had your name changed? \_\_\_\_\_ If yes, give the reason for the change. \_\_\_\_\_  
\_\_\_\_\_
- b. Other names used at any time. \_\_\_\_\_  
\_\_\_\_\_
3. Affiant’s Social Security Number. \_\_\_\_\_
4. Date and Place of Birth. \_\_\_\_\_  
\_\_\_\_\_
5. Affiant’s Business Address. \_\_\_\_\_  
Business Telephone. \_\_\_\_\_
6. List your residences for the last ten (10) years starting with your current address, giving:  

DATE ADDRESS CITY and STATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Education: Dates, Names, Locations and Degrees.  

College \_\_\_\_\_  
\_\_\_\_\_

Graduate Studies \_\_\_\_\_  
\_\_\_\_\_

Others \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List memberships in Professional Societies and Associations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Present or Proposed Position with the Applicant Company. \_\_\_\_\_  
\_\_\_\_\_

- | <u>DATES</u> | <u>EMPLOYER AND ADDRESS</u> | <u>TITLE</u> |
|--------------|-----------------------------|--------------|
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12. a. Have you ever been in a position which required a fidelity bond? \_\_\_\_\_  
If any claims were made on the bond, give details. \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reason for termination). \_\_\_\_\_

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? \_\_\_\_\_ If yes, give details.

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). \_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details.

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? \_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

17. Have you ever been adjudged a bankrupt? \_\_\_\_\_

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency?

If yes, give details. \_\_\_\_\_

- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? \_\_\_\_\_
20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ . I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 (Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_,  
 personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 19 \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
 Notary Public

My Commission Expires \_\_\_\_\_